

The man was discharged from military service as an "unfit." Nevertheless, Dr Schulz is satisfied with the results of the reduction, since without the latter the patient would either die or, at all events, remain helpless.

VALERIUS IDELSON (Berne).

III. Temporary Osteoplastic Resection from the Pre-pelvic Wall for Extra-Peritoneal Exposure of the Bladder and the Neighboring Structures. By DR. P. NIEHAUS (Bern.) The author describes a procedure for more readily and certainly gaining access to the bladder, its interior and especially neck, and adjacent parts (cf. Also Langenbuch's *sectio alta subpubica*, ANNALS OF SURGERY, July, 1888.) An incentive was found in the ready healing of fractures of the pelvic arch, etc.

Vertical incision from above the bladder in the linea alba, around the root of the penis, than along the cruro-perineal fold to the upper third or middle of the ascending ramus of ischium. Here in the inferior angle of the wound the periosteum of the ramus is cut vertically and carefully pushed back. Division of bone by chisel. Small incision on horizontal pubic ramus close to inner border of crural vein, section of pectineus muscle and periosteum of pre-superior surface of the bone, careful lifting of the periosteum and division of bone with chisel. Then divisions of symphysis with knife or chisel and separation of inner soft parts to the lower resection-point. With two fingers behind the respective portion of selected pelvis draw this down and out putting the urogenital diaphragm on the stretch so that it can readily be freed without injury to vessels or nerves (vena dorsalis penis, and branches of common pudic artery, vein and nerves.) The corp. cavern. with the musc. ischio-cavernosus divided close to the bone. If the vertical incision does not afford sufficient room a lateral one may be added parallel to and just above Pourpart's ligament. In the female the round ligament is simply severed. In the male the spermatic cord has to be avoided. The testicle is drawn out of the scrotum carefully and laid to the side, to be brought back into place after the operation.

In this way we expose the whole side of the bladder, neck of the pelvis, beginning of the urethra, prostate, etc. The bladder can readily be freed from the peritoneum, the lower portion and mouth of the ureter are readily found. In the female the posterior vaginal wall, bladder and its fundus are exposed; the uterus, especially its lower segment and the adjacent ureter are easily accessible. On opening the lateral bladder wall, the whole interior is freely accessible. Drainage from the deepest part of the bladder is thus achieved. According to the case the gate is closed immediately or after some days and the symphysis sutured with silver wire or a very firm circumpelvic bandage applied. The obturator nerve and vessels are somewhat stretched but the periosteum protects them from injury.

The operation is wholly extra-peritoneal. He claims that it exposes the bladder as no other method yet devised. His experience covers 10 cases on the cadaver and one in the living. The latter was a tubercular fistulous infiltration from cæcum to bladder and external surface; satisfactory result. Three cuts illustrate the article.—*Centbl. f. Chir.*, 1888, No. 29.

WILLIAM BROWNING (Brooklyn).

IV. Resection of the Hip Joint in Arthritis Deformans.

By DR. D. G. ZESAS (Bern.) A case of arthritis deformans in a male æt. 60, operated (resection) upon by Dr. Niehaus, of Bern, causes the author to inquire into the literature for similar cases. It was found that only one case, that of Fock, was recorded of resection of hip at so advanced an age. But in Fock's case the arthritis deformans had a traumatic origin some 26 years previous to operation. Niehaus' case was of the "idiopathic" (?) "spinal" character. While in the idiopathic form the affection is polyarticular, the traumatic form is mostly monoarticular. Author is diffident in drawing conclusions, but in the cases of Niehaus and Fock resection relieved the pains of the patients either entirely or to so marked an extent as to be too slight to cause inconvenience. A return of disease has not occurred up to date, some two years, in Niehaus' case. In cases of similar diseases at the elbow joint return of disease did not occur after five years (up to date.) In the literature Fock and other authors are silent upon this point. The